

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814



July 25, 1975

ALL-COUNTY LETTER NO. 75-154

TO: ALL COUNTY WELFARE DEPARTMENTS

OBSOLETESuperseded by ACL 77-15Issued 3-17-77SUBJECT: TRANSFER OF MEDICAL ASSISTANCE ONLY REPORTING (FORM M-237) FROM
DEPARTMENT OF BENEFIT PAYMENTS TO DEPARTMENT OF HEALTH

REFERENCE:

Effective August 1, 1975, the state level responsibilities for the medical assistance only reporting on applications received and disposed of and cases added for both the medically needy (MN) and medically indigent (MI) caseload will be transferred from the Department of Benefit Payments (Program Information Bureau) to the Department of Health. Commencing with the July 1975 report month, county welfare departments should submit their Form M-237 reports to the Department of Health at the following address:

Center for Health Statistics
Department of Health
744 P Street, Room 777
Sacramento, California 95814

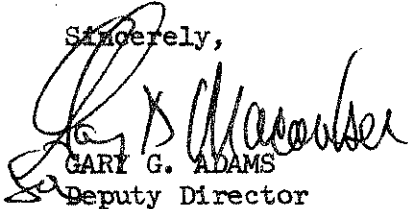
With the exception of the mailing address and the addition of Item 4, "Applications pending, end of quarter, total," there is no change to the instructions for preparing the M-237 report which were previously issued by All-County Letters dated June 22, 1973, and October 1, 1973. We are attaching, for your convenience, a copy of the Form M-237 (4/74) and instructions.

Any future changes in reporting requirements for the M-237 will be issued by the Department of Health.


Any requests for information on reported data or questions regarding reporting instructions for the Form M-237 should be directed to the Statistical Unit, Department of Health, at (916) 445-1010.

Additional report forms should be ordered through regular channels.

Sincerely,


GARY G. ADAMS
Deputy Director

Attachments
cc: CWDA
GEN 654 (2/75)


LEE HELSEL
Manager
Medi-Cal Division
Department of Health

Send one copy to:

STATE DEPARTMENT OF BENEFIT PAYMENTS
 PROGRAM INFORMATION BUREAU
 744 P STREET, MAIL STATION 12-81
 SACRAMENTO, CALIFORNIA 95814

MEDICAL ASSISTANCE ONLY REPORT
 (MN and MI combined)

County _____

Report month _____

, 19____

- | | |
|--|-------|
| 1. Applications received during the month, total | _____ |
| a. Families with children under 21 | _____ |
| b. Other families and individuals (adults) | _____ |
| 2. Applications disposed of during the month (a + b + c) | _____ |
| a. Approved | _____ |
| b. Denied | _____ |
| c. Other disposition | _____ |
| 3. Cases added during the month (a + b + c + d) | _____ |
| a. Applications approved (same as Item 2a) | _____ |
| b. Transfers from other counties | _____ |
| c. Transfers from cash grant programs | _____ |
| d. Other approvals | _____ |
| 4. Applications pending, end of quarter, total | _____ |
| (report data for March 31, June 30, September 30, and December 31) | |
| a. Families with children under 21 | _____ |
| b. Other families and individuals (adults) | _____ |

Report
quarterly {

Person to contact regarding this report: _____

Telephone number: _____

Date prepared: _____

MEDICAL ASSISTANCE ONLY REPORT (MN and MI combined)

CONTENT

For the Medical Assistance Only programs, these reports provide monthly data on applications received, applications disposed of, cases added, and applications pending, end of quarter.

PURPOSE

The purposes of the report are to provide federal administrators with information needed for budgeting, program planning, and other administrative responsibilities.

DISTRIBUTION OF REPORTED INFORMATION

Data gathered through these reports are compiled and reported to the National Center for Social Statistics.

DUE DATE

Reports are to be received in Sacramento on or before the eighth working day of the calendar month following the report month. Send report to:

Center for Health Statistics
Department of Health
744 P Street, Room 777
Sacramento, California 95814

When data are unavailable, or have not been reconciled, transmit a report by the due date containing all available information. Attach a note indicating when the department can expect to receive the rest of the report. Forward missing figures promptly as soon as available.

DEFINITIONS AND INSTRUCTIONS

A Medical Assistance Only case is one not receiving support payments but eligible for medical care under the Medi-Cal program. The following aid category codes are included:

Long-term non-grant status: 13, 23, 43, 63
Refused grant: 14, 24, 34, 44, 64
Intermediate care program (no money payment): 16, 26, 66
Children (in AFDC families) under 21, non-grant: 38
Non-AFDC children in foster care: 45
Medically Needy (MN): All codes ending in "7", except 07 and 87
Medically Indigent (MI): 80 through 89

DEFINITIONS AND INSTRUCTIONS (Continued)

Item 1. Applications received during month, total - Enter sum of 1a and 1b. Exclude applications received from recipients whose aid is being transferred from another county or program. Applications made for aid in another county shall be reported by the county of applicant's residence, not by the county whose aid is requested.

Enter applications for aid clearly identified as MAO in Item 1, Form M 237. Enter all other applications on appropriate cash grant reports.

Item 1a. Families with children under 21 - Enter MAO applications from families with children under 21.

Item 1b. Other families and individuals - Enter MAO applications from other families and individuals.

Item 2. Applications disposed of - Enter sum of Items 2a, 2b, and 2c.

Item 2a. Approved - Enter here both (1) MAO applications approved and (2) applications for cash grant but approved for MAO).

Item 2b. Denied - Enter number of MAO applications denied.

Item 2c. Other disposition - Enter number of MAO applications cancelled, withdrawn, or otherwise disposed of without approval.

Item 3. Cases added during the month - Enter sum of Items 3a, 3b, 3c, and 3d.

Item 3a. Applications approved - Same as Item 2a.

Item 3b. Transfers from other counties - Enter number of cases for which reporting county, during report month, accepted responsibility for provision of Medical Assistance Only.

Item 3c. Transfers from cash grant programs - Enter number of persons transferred to Medical Assistance Only from a cash grant program.

Item 3d. Other approvals - Enter number of cases approved for MAO for reasons other than given in Items 3a through 3c, including:

(1) To approve aid on appeal cases.

(2) To restore aid to cases erroneously denied or discontinued.

Item 4. Applications pending, end of quarter, total - Report data for March 31, June 30, September 30, and December 31, as appropriate. Enter sum of 4a and 4b.

DEFINITIONS AND INSTRUCTIONS (Continued)

Item 4a. Families with children under 21 - Enter number of MAO applications pending, end of quarter, from families with children under 21.

Item 4b. Other families and individuals - Enter number of MAO applications pending, end of quarter, from other families and individuals, i.e., adults.